

# COVID-19 outbreak checklist

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This outbreak checklist is not comprehensive. Visit [CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) for the most current information.

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## First priority (within 24 hours)

### Contact tracing

- ☐ Identify residents and staff who may have had [higher-risk](#) exposure to the individual infected with COVID-19

### Outbreak testing

- ☐ Perform COVID-19 testing on all exposed residents/staff immediately (but not earlier than 24 hours after the exposure)
  - ☐ Test again 48 hours after the **first** negative test
  - ☐ Test again 48 hours after the **second** negative test
- ☐ Consider broad-based testing (testing the entire unit or building) if all close contacts cannot be identified or if COVID-19 continues to spread

### Managing positive cases

- ☐ Isolate positive residents in a private room with transmission-based precautions (N95, gloves, gown, eye protection) for a minimum of 10 days, regardless of vaccination status
- ☐ Group positive residents together in the same hallway or area when possible
- ☐ Exclude positive staff from work for 10 days (may return to work after 7 days with two negative antigen tests on days 5-7)
- ☐ Work with consulting healthcare provider and local pharmacy partners to obtain COVID-19 therapeutics (e.g., oral antivirals)

### Personal protective equipment (PPE)

- ☐ Utilize N95 respirators, eye protection, gown, gloves for all residents in isolation
- ☐ Consider universal PPE (surgical masks and eye protection) for all staff
- ☐ Encourage residents to wear masks in common areas
- ☐ [Don and doff PPE](#) correctly between COVID-19 and non-COVID-19 resident interactions

### Reporting

- ☐ Facilities enrolled in the NHSN network should report all antigen testing results via NHSN in order to satisfy both state and national requirements
- ☐ Report current positive cases to HAI weekly via the [REDCap survey](#)

## Second priority (within 48-72 hours)

### Communication and documentation

- ☐ Post signs at entry points to inform visitors and vendors of proper infection prevention practices (e.g., hand hygiene, masking, delay visitation if sick)
- ☐ Notify residents, resident families/guardians, visitors, and new admissions of the outbreak status at the facility
- ☐ Internally document all testing and preventive measures taken

### Common areas and visitation

- ☐ Encourage all residents to wear masks in communal areas of the building
- ☐ Consider small group dining and/or activities to reduce exposures
- ☐ Pause group activities and dining if COVID-19 continues to spread
- ☐ Continue visitation utilizing core strategies to reduce spread (e.g., recommend visitors wear masks, limit contact of visitors in other areas of the facility)

### Environmental

- ☐ Consider [facility airflow](#) and use of portable air purifiers
- ☐ Ensure daily cleaning and disinfection of frequently touched surfaces and objects
- ☐ Disinfect shared equipment between each use
- ☐ Use [EPA registered List N](#) disinfectants

Please contact your local health department with additional questions on outbreak response.

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### Definitions:

**Higher risk exposure:** Occurs when the healthcare worker had prolonged close contact (greater than 15 minutes) with someone with confirmed COVID-19 and any of the following:

- The person was not wearing a respirator (N95) or eye protection and the person with COVID-19 infection was also not wearing a face mask;
  - The person was not wearing all recommended personal protective equipment (gown, gloves, eye protection, respirator) while performing an aerosol generating procedure
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